## "PATENT"

IN THE UNITED STATES PATENT	AND TRADEMARK OFFICE	RECEIVED		
In re Application of Simon R. Kelemen, et al.	) Before the Examiner ) David A. Rogers	CENTRAL FAX CENTER		
Simon R. Referren, et al.	j	JAN 2 8 2005		
U. S. Serial No.: 10/721,958	) Confirmation Number: 5905			
Filed: November 25, 2003	) Group Art Unit: 2856			
For: SYSTEM AND METHOD FOR DETERMINING FOULING TENDENCY BY REFINERY FEED STOCKS	) Family Number: P2002J029	-U\$3 ·		
Commissioner for Patents P.O. Box 1450				
Alexandria, Virginia 22313-1450				
	OSIMILE TRANSMISSION being facsimile transmitted to the er 703-872-9318 on the date shown below	w.		
JOANNE WOLTERS JA	anne Wolters Jor. 2	8,2005		
Type or print name of person signing certification	Signature //D	ale .		

Sir:

## **AMENDMENT**

In response to the office action of October 28, 2004, please amend the above-referenced application as set forth below.

27810
PATENT TRADEMARK OFFICE

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AMENDMENT TRANSMITTAL FORM							CEIVE		
U. S. S	oplication of: Simon R. erial No.: 10/721,958	Kelemen, et a [810021]	al.	)	Before the David A.			<b>2 8</b> 20	
Filed: For:	November 25, 2003 SYSTEM AND METH FOULING TENDENC STOCKS			) ) )	Group Art	on Number: 3 Unit: 2856 mber: P20021	5905		
P.O. B	issioner for Patents ox 1450 Idria, Virginia 22313-14	150						_	
	CEF	RTIFICATION	OF FACSIMILE T	RANSI	AISSION				
	I hereby ce Commissioner for Pa	rtify that this patents facsimile	eper is being facs a number <u>703-872</u>	imile tra <u>-9318</u> d	ensmitted to on the date s	the shown below.			
	JOANNE WOLTERS		June 2	Tolk.	ne!	Jan. 28	2005		
	name of person signing o	77	Signa			<u>/</u> Da	<u>te</u>		
Transm	ittal herewith is an amend	ment/response	in the above-identifi	ied appli	cation.				
Petition The fee until	for extension of time pur for this extension of time	suant to 37 CFI is calculated to	R 1.136 and 1.137 is be \$	hereby to ex	made, if and stend the time	to the extent, re for filing this r	equired. response		
The fee	for any changes in number	er of claims has	been calculated as	shown b	elow.				
			LAIMS AS AMENDEI						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Numb Previously Paid		(5) Present Extra	(6) Rate	(7)		
Total Claims	6	Minus	6	20		x 18.00	_		
Indep. Claims		Minus		5		× 88.00			
MULTIP	LE DEPENDENT CLAIM P	EE				\$300.00			
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re	he Commissioner is hereb equired by this paper, or cri is Form is enclosed.								
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